

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
MICROCOMPUTER EQUIPMENT REQUEST FORM**

INSTRUCTIONS: Please complete this form when requesting microcomputer software, peripherals, and hardware (including printers, CPU's, monitors, etc. and attach to the Special/Fixed Assets Request for this equipment).

REQUESTING UNIT: _____ UNIT CONTROL NO.: _____

ADDRESS: _____ COST CODE: _____

CONTACT PERSON: _____ PHONE: (____) _____ - _____

A. PLEASE DESCRIBE THE EQUIPMENT REQUESTED (INCLUDE MANUFACTURER, MODEL NUMBER AND VERSION):

B. PLEASE STATE THE PURPOSE/USE OF THE EQUIPMENT (Attach additional pages if needed):

C. PLEASE ANSWER THE FOLLOWING (if you need assistance contact MIS):

1. Is the requested equipment compatible with the current DMH microcomputer environment?
Yes _____ No _____ If no, confer with MIS Microcomputer staff.
2. Will the manufacturer of the equipment adequately support current and anticipated applications?
Yes _____ No _____ If no, confer with MIS Microcomputer staff.
3. Will the equipment affect operations in other sections within the DMH? Yes _____ No _____
If yes, assess the need for involvement of the affected sections in the purchase decision.
4. Has it been determined that alternative computer capabilities, e.g., current mainframe, minicomputers, existing software and hardware cannot meet this need? Yes _____ No _____ If no, confer with MIS Microcomputer Staff.
5. Is there a rebate or special offer associated with this equipment? Yes _____ No _____
If yes, please specify the expiration date: ____/____/____.
6. Are funds budgeted for the equipment? Yes _____ No _____ If no, refer to the DMH Policy/Procedure "Request for Budget Transfer and Increases" and/or contact the Budget Services Division.

D. PLEASE CONTACT THE MIS MICROCOMPUTER STAFF TO OBTAIN THE FOLLOWING INFORMATION:

1. Is a cost benefit analysis needed? Yes _____ No _____ If yes, please attach with this form.
2. Can the equipment be installed and supported by MIS Microcomputer staff? Yes _____ No _____
3. Does this request have MIS Microcomputer staff concurrence/approval? Yes _____ No _____
4. Name of MIS Microcomputer staff contacted: _____

Date

Signature